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Bib Data Sheet

CONFIRMATION NO. 4788

SERIAL NUMBER 10/090,705	FILING DATE 03/05/2002 RULE	CLASS 604	GROUP ART. UNIT 3762	ATTORNEY DOCKET NO. J504-005 US	
APPLICANTS Peter Michalos, Southampton, NY; Arie Michalos, Southampton, NY; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY ** ** 03/26/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY NY	SHEETS DRAWING 2	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 3
ADDRESS 021706					
TITLE Enhanced electronic nasolacrimal intubation					
FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		